	(Column 1)	(Catumn 2)	SMAL TYPE	LENTIT	Y OR	OTHER SMALL E	IHA
TOTAL CLAIMS	20		RAT	E F	EE	RATE	FE
FOR	NUMBER FILED NUMBER EXTRA		BASK	FEE 35	5.00 OR	BASIC FEE	710.
TOTAL CHARGEABLE CLAIMS	30 minus 20)= ' 0	xs	9=	OR	X\$18=	180
NDEPENDENT CLAIMS	8 minus 3	1= '5	· X4) 	OR	X80=	400.
MULTIPLE DEPENDENT CLAIM	PRESENT		+13	S=	OR	+270=	
If the difference in column 1	is less than zero, e	nter "0" in column 2	TO	TAL .	ОЯ	TOTAL	1.29
CLAIMS AS	AMENDED - P	h \ / 1.	W/sm	ALL ENT	mry or	OTHER	
(Column CLAIMS CLAIMS REMAINING AFTER AMENDMEN	G PF	HIGHEST NUMBER PRESENT REVIOUSLY EXTRA	FA	TE TK	DDI- ONAL EEE	RATE	AD TIO
AMENDMEN Total	Minus	30 =	XS	9=	O,F	X\$18=	-
independent •	Minus •••	X] X4	0=	OF	YES	17
FIRST PRESENTATION OF	MULTIPLE DEPEN	DENTICIAIM CP		35=	OF	+270=	
			L.,	OTAL	OF	TOTAL	
2/2/05	1) (Column 2) (Column		r. FEE			
(Column CLAMS)		HIGHEST NUMBER PRESENT	7	A	DOE 3		
	ρ	REVIOUSLY EXTRA PAID FOR			ONAL ,	PATE	
Total · 2 4	Minus	30 =4	_ X	9=	01	R X\$18=	
Independent • 10	Minus •		_ _X	40=	OI	R X80=	7 - 1
FIRST PRESENTATION O	F MULTIPLE DEPEN	DENI CLAIM	-	35=	O	+270=	45
				TOTAL T. FEE		ADDIT. FE	L wai
(Column		(Column 2) (Column		1. 1 6.6			
CLAIMS REMAINI	NG	HIGHEST NUMBER PREVIOUSLY PAID FOR PREVIOUSLY PAID FOR	7	ATE TI	ADDI- IONAL FEE	RATE	,
	Minus •	•] [x	S 9=	o	R X\$18=	
AMENDMI			□			VOO	
2	11111100			40⇒	10	R X80=	

Application or Docket Number